## Case 15-43025 Doc 1 Filed 12/22/15 Entered 12/22/15 15:14:18 Desc Main Document Page 1 of 51

| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | -                             |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | ☐ Chapter 7                   |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | Chapter 13                    | Check if this an amended filing |

B 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| t 1: Identify Y                            | ourself  |   |   |
|--|--|---|---|
|  |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
| Your full nam                              | е  |   |   |
|  |  | Traci   |   |
| picture identific                          | cation (for  | First name  | First name  |
| license or pas                             | sport).  | Middle name   | Middle name   |
|  |  | Massey  |   |
|  |  | Last name and Suffix (Sr., Jr., II, III)  | Last name and Suffix (Sr., Jr., II, III)  |
|  |  |   |   |
|  |  |   |   |
|  |  |   |   |
| your Social Sonumber or fed Individual Tax | ecurity<br>deral<br>cpayer   | xxx-xx-1048   |   |
|  | Your full nam Write the name your governme picture identific example, your license or pas Bring your pict identification to meeting with the  All other name used in the la Include your m maiden names  Only the last your Social S number or fee Individual Tap Identification | Your full name  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  Middle name  Massey  Last name and Suffix (Sr., Jr., II, III)  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number  xxx-xx-1048 |

Debtor 1 Traci Massey Document Page 2 of 51 Case number (if known)

|  |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |
|--|---|---|---|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names |   | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs  |  |  |
| 5.   | Where you live  | 1121 Serendipity Dr Aurora, IL 60504 Number, Street, City, State & ZIP Code  DuPage County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code | If Debtor 2 lives at a different address:  Number, Street, City, State & ZIP Code  County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code |  |  |
| 6.   | Why you are choosing this district to file for bankruptcy | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)   | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)   |  |  |

Case 15-43025 Doc 1 Filed 12/22/15 Entered 12/22/15 15:14:18 Desc Main Document Page 3 of 51

Case number (if known) Debtor 1 Traci Massey Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Bankruptcy Code you are choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. When Case number District When District Case number When Case number District 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When District Case number, if known Debtor Relationship to you When Case number, if known District Do you rent your Go to line 12. No. residence? ☐ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

No. Go to line 12.

bankruptcy petition.

Case 15-43025 Doc 1 Filed 12/22/15 Entered 12/22/15 15:14:18 Desc Main Document Page 4 of 51

Case number (if known) Debtor 1 Traci Massey Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. ■ No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). Code. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention? For example, do you own perishable goods, or livestock that must be fed, Where is the property? or a building that needs urgent repairs?

Number, Street, City, State & Zip Code

Case 15-43025 Doc 1 Filed 12/22/15 Entered 12/22/15 15:14:18 Desc Main Document Page 5 of 51

Debtor 1 Traci Massey

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a

mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability. My physical disability causes

me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the

court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not re | quired to receiv | e a brief | ing about | credit |
|-------------|------------------|-----------|-----------|--------|
| counseling  | because of:      |           |           |        |

☐ Incapacity. I have a mental illness or a mental deficiency that makes me incapable

of realizing or making rational decisions about finances.

Disability. My physical disability causes me to

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so.

Active duty. I am currently on active military duty

in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 15-43025 Doc 1 Filed 12/22/15 Entered 12/22/15 15:14:18 Desc Main Document Page 6 of 51

Case number (if known) Debtor 1 Traci Massey Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative ☐ Yes. after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 **1-49** you estimate that you **5001-10,000 5**0,001-100,000 □ 50-99 owe? **1**0,001-25,000 ■ More than 100,000 □ 100-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Traci Massey Traci Massey Signature of Debtor 2 Signature of Debtor 1 Executed on December 22, 2015 Executed on MM / DD / YYYY MM / DD / YYYY

Case 15-43025 Doc 1 Filed 12/22/15 Entered 12/22/15 15:14:18 Desc Main Document Page 7 of 51

Debtor 1 Traci Massey Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Chad M. Hayward                    | Date          | December 22, 2015                                     |
|--|---------------|---|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY  |
| Chad M. Hayward                        |               |   |
| Printed name                           |               |   |
| Chad M. Hayward                        |               |   |
| Firm name                              |               |   |
| 205 W. Randolph                        |               |   |
| Ste. 1310                              |               |   |
| Chicago, IL 60606                      |               |   |
| Number, Street, City, State & ZIP Code |               |   |
| Contact phone 312-867-3640             | Email address | ch@haywardlawoffices.com,<br>jo@haywardlawoffices.com |
| 6280182                                |               |   |
| Bar number & State                     |               |   |

Filed 12/22/15 Entered 12/22/15 15:14:18 Desc Main Case 15-43025 Doc 1

|                     |                          | Docume            | ent Paue 8 0151 |                                    |
|---------------------|--------------------------|-------------------|-----------------|------------------------------------|
| Fill in this infor  | mation to identify your  | case:             |                 |                                    |
| Debtor 1            | Traci Massey             |                   |                 |                                    |
|                     | First Name               | Middle Name       | Last Name       |                                    |
| Debtor 2            |                          |                   |                 |                                    |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name       |                                    |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS     |                                    |
| Case number         |                          |                   |                 |                                    |
| (if known)          |                          |                   |                 | Check if this is<br>amended filing |

### Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

if this is an

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|     | <u></u>   |             |                           |
|-----|---|-------------|---------------------------|
| Par | 11: Summarize Your Assets   |             |                           |
|     |   |             | assets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$          | 0.00                      |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$          | 8,485.00                  |
|     | 1c. Copy line 63, Total of all property on Schedule A/B   | \$          | 8,485.00                  |
| Par | 2: Summarize Your Liabilities   |             |                           |
|     |   |             | liabilities<br>nt you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 8,641.24                  |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$          | 0.00                      |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$          | 6,523.00                  |
|     | Your total liabilities  | \$          | 15,164.24                 |
| Par | 3: Summarize Your Income and Expenses   |             |                           |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$          | 2,170.03                  |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$          | 1,735.03                  |
| Par | 4: Answer These Questions for Administrative and Statistical Records  |             |                           |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                    | our other s | schedules.                |
| 7.  | ■ Yes What kind of debt do you have?  |             |                           |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for  | a persona   | al, family, or            |

the court with your other schedules. Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

page 1 of 2

Entered 12/22/15 15:14:18 Desc Main Doc 1 Filed 12/22/15 Case 15-43025 Page 9 of 51
Case number (if known) Document

Debtor 1 Traci Massey

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14. | \$<br>2,916.82 |
|----|--|----------------|
|    |  |                |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total clain | 1    |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

|                       | (  | Case 15-43025   | Doc 1                       | Filed 12/22/15<br>Document   | Entered 12/22/<br>Page 10 of 51  | 15 15:14:18               | Desc        | c Main   |
|-----------------------|--|---|-----------------------------|--|--|---------------------------|-------------|--|
| Fill in               | n this inf                                   | ormation to identify y  | our case ar                 |  |  |                           |             |  |
| Debto                 | or 1   | Traci Massey  |                             |  |  |                           |             |  |
|                       |  | First Name  | N                           | Middle Name  | Last Name  |                           |             |  |
| Debto<br>(Spous       | or 2<br>se, if filing)                       | First Name  | N                           | Middle Name  | Last Name  |                           |             |  |
| Unite                 | d States                                     | Bankruptcy Court for th   | ne: NORTI                   | HERN DISTRICT OF ILLI  | NOIS   |                           |             |  |
| Case                  | number                                       |   |                             |  | _  |                           |             | Check if this is an amended filing                 |
| Offi                  | cial F                                       | orm 106A/B  |                             |  |  |                           |             |  |
| Scl                   | hedu   | ıle A/B: Pro  | perty                       | •  |  |                           |             | 12/15  |
| it fits b             | est. Be a                                    | s complete and accurate   | as possible.                | If two married people are fi   | n asset fits in more than one<br>ling together, both are equal<br>litional pages, write your nar | ly responsible for s      | upplying co | orrect information. If                             |
| Part 1                | Descri                                       | be Each Residence, Build  | ding, Land, o               | r Other Real Estate You Ow   | n or Have an Interest In   |                           |             |  |
| 1. <b>Do</b> <u>y</u> | you own c                                    | or have any legal or equit  | able interest               | in any residence, building,  | land, or similar property?   |                           |             |  |
| <b>I</b>              | No. Go to F                                  | Part 2.   |                             |  |  |                           |             |  |
| _                     |  | re is the property?   |                             |  |  |                           |             |  |
| Part 2                | Doscri                                       | be Your Vehicles  |                             |  |  |                           |             |  |
| r art 2               | . 500011                                     | DO TOUR TORRISON  |                             |  |  |                           |             |  |
|                       |  | trucks, tractors, spo   | rt utility veh              | nicles, motorcycles  |  |                           |             |  |
| 3.1                   | Make:  | Lexus   |                             | Who has an interest in th  | e property? Check one.   |                           |             | ns or exemptions. Put claims on <i>Schedule D:</i> |
|                       | Model:                                       | ES  |                             | Debtor 1 only  |  |                           |             | Secured by Property.                               |
|                       | Year:  | 2003  | 100000                      | Debtor 2 only  |  | Current value of          |             | Current value of the                               |
|                       |  | nate mileage:   | 132000                      | ☐ Debtor 1 and Debtor 2 ☐ At least one of the debt                             |  | entire property           | <i>?</i>    | portion you own?                                   |
|                       |  | exus ES-V6  |                             | At least one of the debt   | ors and another  |                           |             |  |
|                       | Sedan  | 4D ES300  |                             | Check if this is comm (see instructions)                                       | unity property   | \$7,72                    | 25.00       | \$7,725.00   |
| Exa                   | amples: B No Yes  dd the do ages you  Descri | oats, trailers, motors, pollar value of the portinave attached for Pa | on you owr<br>rt 2. Write t | tercraft, fishing vessels, s<br>n for all of your entries f<br>hat number here | icles, other vehicles, and nowmobiles, motorcycle a  | occessories y entries for |             | \$7,725.00   |
| Do yo                 | ou own c                                     | or have any legal or ed   | quitable inte               | erest in any of the follow   | wing items?  |                           |             | rrent value of the                                 |

Do not deduct secured claims or exemptions.

6. **Household goods and furnishings** *Examples:* Major appliances, furniture, linens, china, kitchenware

☐ No

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Case 15-43025 Doc 1 Filed 12/22/15 Entered 12/22/15 15:14:18 Desc Main Document Page 11 of 51 Debtor 1 Case number (if known) Traci Massey Yes. Describe..... \$300.00 Misc. Household Goods and Furniture 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... **Clothes** \$200.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ■ No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$500.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ Yes.....

Official Form 106A/B Schedule A/B: Property page 2

Case 15-43025 Doc 1 Filed 12/22/15 Entered 12/22/15 15:14:18 Desc Main Document Page 12 of 51 Case number (if known) Debtor 1 Traci Massey 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... **Chase Bank** \$60.00 17.1. Checking **Old Second Bank** \$200.00 17.2. Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooper

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

■ No

| Debtor 1     | Case 15-43025 Traci Massey  | Doc 1            | Filed 12/22/15<br>Document | Entered 12/22/15 15:14:18 Page 13 of 51 Case number (if known) | Desc Main   |
|--------------|---|------------------|----------------------------|--|---|
| ☐ Yes.       | Give specific information a   | about them       |                            |  |   |
| Money or     | property owed to you?   |                  |                            |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No         | funds owed to you  Give specific information al   | bout them, inc   | cluding whether you alre   | eady filed the returns and the tax years                       |   |
| ■ No         |   |                  | usal support, child supp   | ort, maintenance, divorce settlement, propert                  | y settlement  |
| Exam         | amounts someone owes y ples: Unpaid wages, disabili benefits; unpaid loans  Give specific information         | ty insurance p   |                            | nefits, sick pay, vacation pay, workers' compe                 | ensation, Social Security   |
|              | sts in insurance policies   | e insurance: h   | nealth savings account (   | (HSA); credit, homeowner's, or renter's insura                 | ince  |
| ■ No         | Name the insurance compa  |                  | Ū                          | Beneficiary:   | Surrender or refund value:  |
| If you some  | terest in property that is described are the beneficiary of a living one has died.  Give specific information |                  |                            | ed<br>nsurance policy, or are currently entitled to rec        | ceive property because  |
| Exam<br>■ No | s against third parties, who ples: Accidents, employmen Describe each claim                                   | nt disputes, ins |                            | it or made a demand for payment<br>s to sue                    |   |
| ■ No         | contingent and unliquidat  Describe each claim  |                  | every nature, includir     | g counterclaims of the debtor and rights t                     | o set off claims  |
| ■ No         | nancial assets you did not  | already list     |                            |  |   |
| ☐ Yes.       | Give specific information   |                  |                            |  |   |
|              |   |                  |                            | ny entries for pages you have attached                         | \$260.00  |
| Part 5: De   | escribe Any Business-Related  | Property You C   | Own or Have an Interest Ir | n. List any real estate in Part 1.                             |   |
|              | own or have any legal or equit  | able interest in | any business-related pro   | pperty?  |   |
| _            | o to Part 6.<br>Go to line 38.  |                  |                            |  |   |
|              | escribe Any Farm- and Comme<br>you own or have an interest in far   |                  |                            | or Have an Interest In.  |   |

Official Form 106A/B Schedule A/B: Property page 4

Case 15-43025 Doc 1 Filed 12/22/15 Entered 12/22/15 15:14:18 Desc Main Document Page 14 of 51 Case number (if known) Debtor 1 Traci Massey 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? ■ No. Go to Part 7. ☐ Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 ..... \$0.00 56. Part 2: Total vehicles, line 5 \$7,725.00 57. Part 3: Total personal and household items, line 15 \$500.00 58 Part 4: Total financial assets, line 36 \$260.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00

\$0.00

Copy personal property total

\$8,485.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

Part 7: Total other property not listed, line 54

Total personal property. Add lines 56 through 61...

61.

\$8,485.00

\$8,485.00

Official Form 106A/B

|                     |                          | Docume            | IIL I AUC IJ UI JI |   |                                      |
|---------------------|--------------------------|-------------------|--------------------|---|--------------------------------------|
| Fill in this infor  | rmation to identify your | case:             |                    |   |                                      |
| Debtor 1            | Traci Massey             |                   |                    |   |                                      |
|                     | First Name               | Middle Name       | Last Name          |   |                                      |
| Debtor 2            |                          |                   |                    |   |                                      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name          |   |                                      |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS        |   |                                      |
| Case number         |                          |                   |                    |   |                                      |
| (if known)          |                          |                   |                    | _ | Check if this is an<br>mended filing |

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amo  | unt of the exemption you claim                                  | Specific laws that allow exemption |
|--|--------------------------------------|------|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B  | Chec | ck only one box for each exemption.                             |                                    |
| 2003 Lexus ES 132000 miles<br>2003 Lexus ES-V6   | \$7,725.00 \$2,400.00                |      | 735 ILCS 5/12-1001(c)   |                                    |
| Sedan 4D ES300<br>Line from Schedule A/B: 3.1  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Misc. Household Goods and Furniture  | \$300.00                             |      | \$300.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 6.1  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Clothes Line from Schedule A/B: 11.1   | \$200.00                             |      | \$200.00  | 735 ILCS 5/12-1001(a)              |
| Zino irom concadio / v.S. 1111   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Checking: Chase Bank Line from Schedule A/B: 17.1                                      | \$60.00                              |      | \$60.00   | 735 ILCS 5/12-1001(b)              |
| Ellie Holli Golledale / V.S. 1111  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Checking: Old Second Bank Line from Schedule A/B: 17.2                                 | \$200.00                             |      | \$200.00  | 735 ILCS 5/12-1001(b)              |
| Line from Generalic PVD. 11.2  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |

Case 15-43025 Doc 1 Filed 12/22/15 Entered 12/22/15 15:14:18 Desc Main

Debtor 1 Traci Massey

3. Are you claiming a homestead exemption of more than \$155,675?

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Yes

| Case   | 13-43023   | Document Document  | Page 17                | 12/22/13 13<br>nf 51                                   | 14.10 Desci                                  | viaiii            |
|--|--|--|------------------------|--|--|-------------------|
| Fill in this information   | n to identify you                                      |  | r ade 17               | 01 31  |  |                   |
|  |  |  |                        |  |  |                   |
|  | aci Massey<br>st Name                                  | Middle Name  | Last Name              |  |  |                   |
| Debtor 2<br>(Spouse if, filing) Firs   | st Name  | Middle Name  | Last Name              |  |  |                   |
| ,  |  |  |                        |  |  |                   |
| United States Bankrup  | tcy Court for the:                                     | NORTHERN DISTRICT OF I   | LLINOIS                |  |  |                   |
| Case number  |  |  |                        |  | _  | k if this is an   |
| OW: 1-1 F 40   | .00  |  |                        |  |  | 3                 |
| Official Form 10   |  |  |                        | _  |  |                   |
| Schedule D: (  | Creditors  | Who Have Claims  | Secured                | by Property  | У  | 12/15             |
|  | nal Page, fill it out,                                 | two married people are filing togeth<br>number the entries, and attach it to   |                        |  |  |                   |
|  | •  |  | oor ooboduloo Vo       | u baya nathing alaa t                                  | ta ranart an thia farm                       |                   |
| Yes. Fill in all of  |  | nis form to the court with your oth  | iei scriedules. 10     | u nave nothing else i                                  | to report on this form.                      | a                 |
|  |  | Delow.   |                        |  |  |                   |
| Part 1: List All Sec   |  |  |                        | Column A   | Column B                                     | Column C          |
| each claim. If more than o   | ne creditor has a pa                                   | ore than one secured claim, list the cr<br>articular claim, list the other creditors in<br>er according to the creditor's name.    |                        | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion |
| 2.1 World Discour  | nt Auto  | Describe the property that secures   | s the claim:           | \$8,641.24   | \$7,725.00                                   | \$916.24          |
| 800 S. Westerr<br>Chicago, IL 60<br>Number, Street, City, S                      | 612  | 2003 Lexus ES 132000 mil 2003 Lexus ES-V6 Sedan 4D ES300 As of the date you file, the claim is apply.  ☐ Contingent ☐ Unliquidated |                        |  |  |                   |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   |  | Disputed   |                        |  |  |                   |
| Who owes the debt?   | heck one.  | Nature of lien. Check all that apply   |                        | - d  |  |                   |
| ■ Debtor 1 only □ Debtor 2 only  |  | An agreement you made (such as car loan)   | s mongage or secure    | eu   |  |                   |
| Debtor 1 and Debtor 2  |  | Statutory lien (such as tax lien, m  | nechanic's lien)       |  |  |                   |
| At least one of the debt   |  | ☐ Judgment lien from a lawsuit   |                        |  |  |                   |
| Check if this claim rel  | lates to a   | ☐ Other (including a right to offset)  |                        |  |  |                   |
| Date debt was incurred   | Opened 3/01/13 Last Active 12/04/13                    | Last 4 digits of account nur   | mber <b>2501</b>       |  |  |                   |
|  |  |  |                        |  |  |                   |
|  | =  | lumn A on this page. Write that nun  |                        | \$8,64   | 1.24   |                   |
| Write that number here   |  | ie dollar value totals from all pages  | •                      | \$8,64   | 1.24   |                   |
| Part 2: List Others to   | o Be Notified fo                                       | r a Debt That You Already Liste  | ed                     |  |  |                   |
| to collect from you for a creditor for any of the de do not fill out or submit t | debt you owe to so<br>bts that you listed<br>his page. | notified about your bankruptcy for<br>omeone else, list the creditor in Par<br>in Part 1, list the additional creditor             | t 1, and then list the | e collection agency her                                | re. Similarly, if you hav                    | e more than one   |
| Name Address   | 3  |  | On while I is          | in Dawid at the  | amianila a account                           | .0                |
| -NONE-   |  |  | On which line          | in Part 1 did you                                      | enter the creditor                           | 7                 |

Official Form 106D

Last 4 digits of account number

Case 15-43025 Doc 1 Filed 12/22/15 Entered 12/22/15 15:14:18 Desc Main Page 18 of 51 Document Fill in this information to identify your case: Debtor 1 Traci Massey Middle Name Last Name First Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? ■ No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Nonpriority amount amount 2.1 0.00 \$ \$0.00 Illinois Department of Revenue 0.00 Last 4 digits of account number Priority Creditor's Name PO Box 64338 When was the debt incurred? Chicago, IL 60664 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply

Official Form 106 E/F

☐ Contingent

■ Unliquidated

Other. Specify

Type of PRIORITY unsecured claim:

Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were intoxicated

**Notice Purpose** 

☐ Domestic support obligations

□ Disputed

Who incurred the debt? Check one.

Debtor 1 and Debtor 2 only

☐ Check if this claim is for a

Is the claim subject to offset?

☐ At least one of the debtors and another

■ Debtor 1 only

Debtor 2 only

community debt

No

☐ Yes

Document Page 19 of 51 Case number (if know) Debtor 1 Traci Massey 2.2 0.00 \$ 0.00 \$ Internal Revenue Service \$0.00 Last 4 digits of account number \$ Priority Creditor's Name PO Box 7346 When was the debt incurred? Philadelphia, PA 19101 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed ☐ At least one of the debtors and another Type of PRIORITY unsecured claim: ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Domestic support obligations ■ No Taxes and certain other debts you owe the government ☐ Yes ☐ Claims for death or personal injury while you were intoxicated Other. Specify **Notice Purpose** Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2 Total claim 4.1 644.00 Afni, Inc. 7707 Last 4 digits of account number Nonpriority Creditor's Name Po Box 3097 When was the debt incurred? Opened 8/01/14 Bloomington, IL 61702 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ■ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Collection Attorney At T U-Verse** Other. Specify 4.2 247.00 Allianceone Last 4 digits of account number 8496 Nonpriority Creditor's Name

Po Box 2449

Gig Harbor, WA 98335

Number Street City State Zlp Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Official Form 106 E/F

| Debtor 1 | Traci Massey   | Document   | Page         | 20 of 51<br>Case number (if know)        |    |          |  |  |
|----------|--|--|--------------|--|----|----------|--|--|
| _        | no incurred the debt? Check one.   |  |              |  |    |          |  |  |
| _        | Debtor 1 only  | ☐ Contingent   |              |  |    |          |  |  |
|          | Debtor 2 only  | ☐ Unliquidated   |              |  |    |          |  |  |
|          | Debtor 1 and Debtor 2 only   |  |              |  |    |          |  |  |
|          | At least one of the debtors and another  | Type of NONPRIORITY (                                  | unsecure     | d claim:                                 |    |          |  |  |
| □<br>deb | Check if this claim is for a community bt  | ☐ Student loans  |              |  |    |          |  |  |
| ls ti    | the claim subject to offset?   | ☐ Obligations arising out not report as priority claim |              | ration agreement or divorce that you did |    |          |  |  |
|          | No   | Debts to pension or pr                                 | rofit-sharin | g plans, and other similar debts         |    |          |  |  |
|          | Yes  | Other. Specify   |              |  |    |          |  |  |
|          | aine & Weiner  | Last 4 digits of account                               | number       | 4480                                     | \$ | 115.00   |  |  |
|          | npriority Creditor's Name 210 Erwin Street                                       | When was the debt incu                                 | rred?        | Opened 8/01/15                           |    |          |  |  |
| Wo       | oodland Hills, CA 91367 mber Street City State Zlp Code                          | As of the date you file, the                           |              | <u> </u>                                 |    |          |  |  |
| Wh       | no incurred the debt? Check one.   | ☐ Contingent   |              |  |    |          |  |  |
|          | Debtor 1 only  | Contingent   |              |  |    |          |  |  |
|          | Debtor 2 only  |  |              |  |    |          |  |  |
| п        | Debtor 1 and Debtor 2 only   |  |              |  |    |          |  |  |
|          | At least one of the debtors and another  | ☐ Disputed  Type of NONPRIORITY t                      | unsecure     | d claim:                                 |    |          |  |  |
|          | Check if this claim is for a community   | ☐ Student loans  |              |  |    |          |  |  |
|          | the claim subject to offset?   | ☐ Obligations arising out not report as priority claim |              |  |    |          |  |  |
|          | No   |  |              |  |    |          |  |  |
|          | Yes Collection Attorney Readyrefresh By Nestle                                   |  |              |  |    |          |  |  |
| 4.4 Cc   | si   | Land Addition of account                               |              | 3349                                     |    | 2,538.00 |  |  |
| 00       | npriority Creditor's Name  | Last 4 digits of account                               | number       | 3349                                     | \$ | 2,000.00 |  |  |
| Au       | ontract Callers I<br>ugusta, GA 30901  | When was the debt incu                                 |              |  |    |          |  |  |
|          | mber Street City State Zlp Code  | As of the date you file, the                           | ne ciaim i   | s: Check all that apply                  |    |          |  |  |
|          | no incurred the debt? Check one.   | ☐ Contingent   |              |  |    |          |  |  |
|          | Debtor 1 only  |  |              |  |    |          |  |  |
| Ц        | Debtor 2 only  | ☐ Unliquidated   |              |  |    |          |  |  |
|          | Debtor 1 and Debtor 2 only   | Disputed   |              | Lillia                                   |    |          |  |  |
|          | At least one of the debtors and another  | Type of NONPRIORITY (                                  | unsecure     | a claim:                                 |    |          |  |  |
| ☐<br>deb | Check if this claim is for a community bt  | ☐ Student loans  |              |  |    |          |  |  |
|          | the claim subject to offset?   | ☐ Obligations arising out not report as priority claim |              |  |    |          |  |  |
|          | No   |  |              |  |    |          |  |  |
|          | Yes Other. Specify 10 Comed 26499  |  |              |  |    |          |  |  |
|          | ty of Chicago  |  |              |  |    | 0.00     |  |  |
| De<br>PC | npriority Creditor's Name epartment of Revenue D Box 88292 nicago, IL 60680-1292 | When was the debt incu                                 | rred?        |  |    |          |  |  |

|       | 3348 Ridge Road<br>Lansing, IL 60438                                   | When was the debt incurred?                                      |   |           |        |
|-------|--|--|---|-----------|--------|
| 4.8   | Municollofam Nonpriority Creditor's Name                               | Last 4 digits of account number                                  | 9516  | \$        | 200.00 |
|       | Yes  | Other. Specify Collection  | ction Attorney Wow Schaumbu   | rg        |        |
|       | ■ No   | not report as priority claims  Debts to pension or profit-sharir | ration agreement or divorce that you did g plans, and other similar debts |           |        |
|       | debt Is the claim subject to offset?                                   |  |   |           |        |
|       | ☐ Check if this claim is for a community                               | ☐ Student loans  |   |           |        |
|       | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed  Type of NONPRIORITY unsecure                         | d claim:  |           |        |
|       | Debtor 2 only  | ☐ Unliquidated   |   |           |        |
|       | Debtor 1 only  |  |   |           |        |
|       | Who incurred the debt? Check one.                                      | ☐ Contingent   |   |           |        |
|       | Carrollton, TX 75007  Number Street City State Zlp Code                | As of the date you file, the claim                               | s: Check all that apply   |           |        |
|       | Nonpriority Creditor's Name 4200 International Pkwy                    | When was the debt incurred?                                      | Opened 2/01/12  |           |        |
| 4.7   | Credit Management Lp   | Last 4 digits of account number                                  | 2624  | \$        | 262.00 |
|       | Yes  | Other. Specify   | etion Attorney Comcast  |           |        |
|       | ■ No   | ☐ Debts to pension or profit-sharir                              | g plans, and other similar debts  |           |        |
|       | Is the claim subject to offset?  | ☐ Obligations arising out of a sepa                              | ration agreement or divorce that you did                                  |           |        |
|       | ☐ Check if this claim is for a community debt                          |  |   |           |        |
|       | ☐ At least one of the debtors and another                              | ☐ Disputed  Type of NONPRIORITY unsecure                         | d claim:  |           |        |
|       | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                           |  |   |           |        |
|       | Debtor 1 only  |  |   |           |        |
|       | Who incurred the debt? Check one.                                      |  |   |           |        |
|       | Renton, WA 98057  Number Street City State Zlp Code                    | s: Check all that apply  |   |           |        |
|       | Nonpriority Creditor's Name 800 Sw 39th St                             | When was the debt incurred?                                      | Opened 3/01/14  | Φ         |        |
| 4.6   | Convergent Outsourcing   | Last 4 digits of account number                                  | 5794  | \$        | 273.00 |
|       | Yes  | Other. Specify   | purpose   |           |        |
|       | No   | ☐ Debts to pension or profit-sharir                              | g plans, and other similar debts  |           |        |
|       | Is the claim subject to offset?  | Obligations arising out of a sepa                                | ration agreement or divorce that you did                                  |           |        |
|       | ☐ Check if this claim is for a community debt                          | ☐ Student loans  |   |           |        |
|       | ☐ At least one of the debtors and another                              | Type of NONPRIORITY unsecure                                     | d claim:  |           |        |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |           |        |
|       | ■ Debtor 1 only □ Debtor 2 only  | ☐ Unliquidated   |   |           |        |
|       | Who incurred the debt? Check one.                                      | ☐ Contingent   |   |           |        |
|       | Number Street City State Zlp Code                                      | As of the date you file, the claim                               | s: Check all that apply   |           |        |
| Debto | Case 15-43025 Doc 1  Traci Massey                                      |  | red 12/22/15 15:14:18<br>21 of 51<br>Case number (if know)                | Desc Main |        |

| Debtor | Case 15-43025 Doc 1  Traci Massey                                      | Filed 12/22/15<br>Document                           |             | red 12/22/15 15:14:18<br>22 of 51<br>Case number (if know) | Desc Main |          |
|--------|--|--|-------------|--|-----------|----------|
|        | Number Street City State Zlp Code                                      | As of the date you file, the                         | he claim i  | s: Check all that apply                                    |           |          |
|        | Who incurred the debt? Check one.                                      | ☐ Contingent   |             |  |           |          |
|        | ■ Debtor 1 only  |  |             |  |           |          |
|        | ☐ Debtor 2 only  | ☐ Unliquidated                                       |             |  |           |          |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |             |  |           |          |
|        | lacksquare At least one of the debtors and another                     | Type of NONPRIORITY (                                | ınsecured   | I claim:   |           |          |
|        | ☐ Check if this claim is for a community debt                          | ☐ Student loans                                      |             |  |           |          |
|        | Is the claim subject to offset?  | Obligations arising out                              |             | ration agreement or divorce that you did                   |           |          |
|        | ■ No   | Debts to pension or pr                               | ofit-sharin | g plans, and other similar debts                           |           |          |
|        | Yes  | Other. Specify                                       | 04 Cit      | y Of Hometown Rs   |           |          |
| 4.9    | Peoples Engy   | Last 4 digits of account                             | number      | 9868   | \$        | 1,163.00 |
|        | Nonpriority Creditor's Name  200 East Randolph                         | When was the debt incu                               | rred?       | Opened 9/17/10 Last<br>Active 7/24/12                      |           |          |
|        | Chicago, IL 60601  Number Street City State Zlp Code                   | As of the date you file, the                         |             |  |           |          |
|        | Who incurred the debt? Check one.                                      | _  |             | oncon all anat apply                                       |           |          |
|        | ■ Debtor 1 only  | ☐ Contingent   |             |  |           |          |
|        | ☐ Debtor 2 only  | ☐ Unliquidated                                       |             |  |           |          |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |             |  |           |          |
|        | ☐ At least one of the debtors and another                              | Type of NONPRIORITY (                                | ınsecured   | I claim:   |           |          |
|        | ☐ Check if this claim is for a community debt                          | ☐ Student loans                                      |             |  |           |          |
|        | Is the claim subject to offset?  | Obligations arising out                              |             | ration agreement or divorce that you did                   |           |          |
|        | No   | Debts to pension or pr                               | ofit-sharin | g plans, and other similar debts                           |           |          |
|        | Yes  | Other. Specify                                       | Agricu      | ılture   |           |          |
| 4.10   | Security Fin   | Last 4 digits of account                             | number      | 1607   | \$        | 522.00   |
|        | Nonpriority Creditor's Name  C/o Security Finan  Spartanburg, SC 29304 | When was the debt incu                               | rred?       | Opened 4/10/15 Last<br>Active 6/12/15                      |           |          |
|        | Number Street City State Zlp Code                                      | As of the date you file, the                         | he claim i  | s: Check all that apply                                    |           |          |
|        | Who incurred the debt? Check one.                                      | ☐ Contingent   |             |  |           |          |
|        | ■ Debtor 1 only  |  |             |  |           |          |
|        | ☐ Debtor 2 only  | ☐ Unliquidated                                       |             |  |           |          |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |             |  |           |          |
|        | ☐ At least one of the debtors and another                              | Type of NONPRIORITY (                                | ınsecured   | I claim:   |           |          |
|        | ☐ Check if this claim is for a community debt                          | ☐ Student loans                                      |             |  |           |          |
|        | Is the claim subject to offset?  | Obligations arising out not report as priority claim |             | ration agreement or divorce that you did                   |           |          |
|        | ■ No   | ☐ Debts to pension or pr                             | ofit-sharin | g plans, and other similar debts                           |           |          |
|        | Yes  | Other. Specify                                       | Unsec       | ured   |           |          |
| 4.11   | Stellar Recovery Inc   | Last 4 digits of account                             | number      | 7388   | \$        | 162.00   |

Nonpriority Creditor's Name

Case 15-43025 Doc 1 Filed 12/22/15 Entered 12/22/15 15:14:18 Desc Main Page 23 of 51 Case number (if know) Document

|      | 1327 Hwy 2 W<br>Kalispell, MT 59901                   | When was the debt incurred?                                      | Opened 3/01/11                            |    |        |  |  |  |
|------|---|--|---|----|--------|--|--|--|
|      | Number Street City State Zlp Code                     | As of the date you file, the claim                               | is: Check all that apply                  |    |        |  |  |  |
|      | Who incurred the debt? Check one.                     |  |   |    |        |  |  |  |
|      | Debtor 1 only   |  |   |    |        |  |  |  |
|      | ☐ Debtor 2 only                                       | ☐ Unliquidated   |   |    |        |  |  |  |
|      | ☐ Debtor 1 and Debtor 2 only                          |  |   |    |        |  |  |  |
|      | $\square$ At least one of the debtors and another     | Type of NONPRIORITY unsecure                                     | ed claim:                                 |    |        |  |  |  |
|      | ☐ Check if this claim is for a community debt         | ☐ Student loans  |   |    |        |  |  |  |
|      | Is the claim subject to offset?                       | Obligations arising out of a sep not report as priority claims   | aration agreement or divorce that you did |    |        |  |  |  |
|      | No  | Debts to pension or profit-sharing                               | ng plans, and other similar debts         |    |        |  |  |  |
|      | Yes   | ■ Other. Specify Colle   | ction Attorney Comcast                    |    |        |  |  |  |
| 4.12 | Tower Loan  | Last 4 digits of account number                                  | 8983                                      | \$ | 0.00   |  |  |  |
|      | Nonpriority Creditor's Name Pob 320001                | Opened 6/27/02 Last When was the debt incurred? Active 1/28/10   |   |    |        |  |  |  |
|      | Flowood, MS 39232  Number Street City State Zlp Code  | is: Check all that apply   |   |    |        |  |  |  |
|      | Who incurred the debt? Check one.                     | ed the debt? Check one.  |   |    |        |  |  |  |
|      | Debtor 1 only   | ☐ Contingent   |   |    |        |  |  |  |
|      | Debtor 2 only   |  |   |    |        |  |  |  |
|      | ☐ Debtor 1 and Debtor 2 only                          |  |   |    |        |  |  |  |
|      | ☐ At least one of the debtors and another             |  |   |    |        |  |  |  |
|      | ☐ Check if this claim is for a community debt         |  |   |    |        |  |  |  |
|      | Is the claim subject to offset?                       | ☐ Obligations arising out of a sep not report as priority claims | aration agreement or divorce that you did |    |        |  |  |  |
|      | ■ No  | ☐ Debts to pension or profit-shari                               |   |    |        |  |  |  |
|      | Yes   | Other. Specify Instal  | Ilment Sales Contract                     |    |        |  |  |  |
| 4.13 | Vision Financial Servi                                | Last 4 digits of account number                                  | 6958                                      | \$ | 397.00 |  |  |  |
|      | Nonpriority Creditor's Name<br>1900 W Severs Rd       | When was the debt incurred?                                      | Opened 2/01/15                            |    |        |  |  |  |
|      | La Porte, IN 46350  Number Street City State Zlp Code | As of the date you file, the claim                               | is: Check all that apply                  |    |        |  |  |  |
|      | Who incurred the debt? Check one.                     | ☐ Contingent   |   |    |        |  |  |  |
|      | ■ Debtor 1 only                                       | -  |   |    |        |  |  |  |
|      | ☐ Debtor 2 only                                       | Debtor 2 only  |   |    |        |  |  |  |
|      | ☐ Debtor 1 and Debtor 2 only                          | Disputed   |   |    |        |  |  |  |
|      | At least one of the debtors and another               | Type of NONPRIORITY unsecure                                     |   |    |        |  |  |  |
|      | ☐ Check if this claim is for a community debt         | ☐ Student loans  |   |    |        |  |  |  |
|      | Is the claim subject to offset?                       | ☐ Obligations arising out of a sep not report as priority claims |   |    |        |  |  |  |
|      | ■ No  | ☐ Debts to pension or profit-sharing                             | ng plans, and other similar debts         |    |        |  |  |  |
|      | Yes   | ■ Other. Specify Colle   | ction Attorney Ingalls Memorial<br>ital   |    |        |  |  |  |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Debtor 1 Traci Massey

Case 15-43025 Doc 1 Filed 12/22/15 Entered 12/22/15 15:14:18 Desc Main Document Page 24 of 51

Debtor 1 Traci Massey Case number (if know)

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address -NONE-

On which entry in Part 1 or Part2 did you list the original creditor?

Line of (Check one): Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total claim |          |
|--------------|-----|---|-----|-------------|----------|
|              | 6a. | Domestic support obligations  | 6a. | \$          | 0.00     |
| Total claims |     |   |     |             |          |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$          | 0.00     |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$          | 0.00     |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$          | 0.00     |
|              | 6e. | <b>Total.</b> Add lines 6a through 6d.  | 6e. | \$          | 0.00     |
|              |     |   |     | Total Claim |          |
|              | 6f. | Student loans   | 6f. | \$          | 0.00     |
| Total claims |     |   |     |             |          |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$          | 0.00     |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$          | 0.00     |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$          | 6,523.00 |
|              | 6j. | Total. Add lines 6f through 6i.   | 6j. | \$          | 6,523.00 |

|                     |                          | Ducume            | IIL Paue 25 01 51 |                                      |
|---------------------|--------------------------|-------------------|-------------------|--------------------------------------|
| Fill in this infor  | rmation to identify your | case:             |                   |                                      |
| Debtor 1            | Traci Massey             |                   |                   |                                      |
|                     | First Name               | Middle Name       | Last Name         |                                      |
| Debtor 2            |                          |                   |                   |                                      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name         |                                      |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS       |                                      |
| Case number         |                          |                   |                   | Charle if this is an                 |
| (ii kilowii)        |                          |                   |                   | ☐ Check if this is an amended filing |

### Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| I   | Person or | company with<br>Name, Number | whom you have the r, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|--|-------------------|---|
| 2.1 |           |                              |  |                   |   |
|     | Name      |                              |  |                   | <del>-</del>                            |
|     |           |                              |  |                   |   |
|     |           |                              |  |                   | _                                       |
|     | Number    | Street                       |  |                   |   |
|     |           |                              |  |                   |   |
|     | City      |                              | State  | ZIP Code          |   |
| 2.2 |           |                              |  |                   |   |
|     | Name      |                              |  |                   | <del>-</del>                            |
|     |           |                              |  |                   |   |
|     |           |                              |  |                   |   |
|     | Number    | Street                       |  |                   |   |
|     |           |                              |  |                   |   |
|     | City      |                              | State  | ZIP Code          | _                                       |
| 2.3 |           |                              |  |                   |   |
|     | Name      |                              |  |                   |   |
|     |           |                              |  |                   |   |
|     |           |                              |  |                   |   |
|     | Number    | Street                       |  |                   |   |
|     |           |                              |  |                   |   |
|     | City      |                              | State  | ZIP Code          | _                                       |
| 2.4 |           |                              |  |                   |   |
|     | Name      |                              |  |                   |   |
|     | ramo      |                              |  |                   |   |
|     |           |                              |  |                   |   |
|     | Number    | Street                       |  |                   |   |
|     |           |                              |  |                   |   |
|     | City      |                              | State  | ZIP Code          |   |
| 2.5 |           |                              |  |                   |   |
|     | Name      |                              |  |                   |   |
|     |           |                              |  |                   |   |
|     |           |                              |  |                   |   |
|     | Number    | Street                       |  |                   |   |
|     |           |                              |  |                   |   |
|     | City      |                              | State  | ZIP Code          | <del>-</del>                            |
|     | •         |                              |  |                   |   |

|                         |   | Document  | Page 26 of                             | 51  |             |                                    |
|-------------------------|---|---|--|---|-------------|------------------------------------|
| Fill in this            | s information to identify your  | case:   |  |   |             |                                    |
| Debtor 1                | Traci Massey  |   |  |   |             |                                    |
| Debtor 2                | First Name  | Middle Name   | Last Name                              |   |             |                                    |
| (Spouse if, fili        | ing) First Name   | Middle Name   | Last Name                              |   |             |                                    |
| United Sta              | ates Bankruptcy Court for the:  | NORTHERN DISTRICT OF  | ILLINOIS                               |   |             |                                    |
| Case num<br>(if known)  | ber   |   |  |   |             | Check if this is an amended filing |
| Officia                 | l Form 106H   |   |  |   |             |                                    |
|                         | dule H: Your Cod  | ebtors  |  |   |             | 12/15                              |
| 1. Do ■ No □ Yes 2. Wit |   | you are filing a joint case, do r                             | erty state or territory                | /? (Community propen                                |             | nd territories include             |
| ☐ Yes                   | . Go to line 3. s. Did your spouse, former spouse. lumn 1, list all of your codebte 2 again as a codebtor only in 106D), Schedule E/F (Official | tors. Do not include your spo<br>f that person is a guarantor | ouse as a codebtor or cosigner. Make s | sure you have listed t                              | he credito  | r on Schedule D (Officia           |
|                         | it Column 2.  | rolli 100E/F), or Schedule                                    | G (Official Form 10                    | og). Ose Schedule D                                 | , Scriedule | E/F, or Schedule G to              |
|                         | Column 1: Your codebtor<br>Name, Number, Street, City, State and Zl   | P Code  |  | Column 2: The cre<br>Check all schedule             |             | hom you owe the debt<br>ly:        |
| 3.1                     | Name  |   |  | ☐ Schedule D, lin☐ Schedule E/F, ☐ Schedule G, lin☐ | line        |                                    |
|                         | Number Street<br>City   | State   | ZIP Code                               | -   |             |                                    |
| 3.2                     | Name  |   |  | ☐ Schedule D, lin ☐ Schedule E/F, ☐ Schedule G, lin | line        |                                    |
| -                       | Number Street   |   |  | -   |             |                                    |

State

City

ZIP Code

# Case 15-43025 Doc 1 Filed 12/22/15 Entered 12/22/15 15:14:18 Desc Main Document Page 27 of 51

| Fill                 | in this information to identify your o   | asa.   |  |                     |                | I                           |                    |                        |                               |                   |
|----------------------|--|--|--|---------------------|----------------|-----------------------------|--------------------|------------------------|-------------------------------|-------------------|
|                      | otor 1 Traci Masse   |  |  |                     |                |                             |                    |                        |                               |                   |
|                      | otor 2  puse, if filing)   |  |  |                     | _              |                             |                    |                        |                               |                   |
| Uni                  | ted States Bankruptcy Court for the  | : NORTHERN DISTRIC                                   | CT OF ILLINOIS                             |                     |                |                             |                    |                        |                               |                   |
| _                    | se number<br>nown)   |  | -  |                     |                |                             | mende<br>opleme    | d filing<br>ent showi  | ng postpetition               |                   |
| 0                    | fficial Form 106l  |  |  |                     |                |                             | DD/ Y              |                        | following date:               |                   |
|                      | chedule I: Your Inc  | ome  |  |                     |                | IVIIVI /                    | ז /טט              | 111                    |                               | 12/15             |
| sup<br>spo<br>atta   | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | are married and not fili<br>r spouse is not filing w | ng jointly, and your ith you, do not inclu | spouse<br>ude infor | is liv<br>mati | ving with yo<br>on about yo | u, incl<br>our spo | ude info<br>ouse. If n | rmation abou<br>nore space is | t your<br>needed, |
| 1.                   | Fill in your employment information.   |  | Debtor 1                                   |                     |                | De                          | ebtor 2            | or non-f               | filing spouse                 |                   |
|                      | If you have more than one job,   | Employment status                                    | ■ Employed                                 | ■ Employed          |                |                             | ☐ Employed         |                        |                               |                   |
|                      | attach a separate page with information about additional   | Employment status                                    | ☐ Not employed                             |                     |                |                             | Not er             | mployed                |                               |                   |
|                      | employers.   | Occupation   | Medical Assista                            | ant                 |                |                             |                    |                        |                               |                   |
|                      | Include part-time, seasonal, or self-employed work.  | Employer's name                                      | Rush-Copley                                |                     |                |                             |                    |                        |                               |                   |
|                      | Occupation may include student or homemaker, if it applies.  | Employer's address                                   | 2000 Ogden Av<br>Aurora, IL 6050           |                     |                |                             |                    |                        |                               |                   |
|                      |  | How long employed t                                  | here? 1 year                               |                     |                |                             |                    |                        |                               |                   |
| Par                  | t 2: Give Details About Mor  | nthly Income   |  |                     |                |                             | _                  |                        |                               |                   |
| E <b>sti</b><br>spot | mate monthly income as of the duse unless you are separated.   | ate you file this form. If                           |  |                     |                |                             |                    |                        |                               |                   |
| •                    | u or your non-filing spouse have me<br>e space, attach a separate sheet to   |  | ombine the information                     | on for all o        | emp            | loyers for tha              | t perso            | on on the              | lines below. If               | you need          |
|                      |  |  |  |                     |                | For Debtor                  | 1                  |                        | ebtor 2 or<br>ling spouse     |                   |
| 2.                   | List monthly gross wages, sala deductions). If not paid monthly,   |  |  | 2.                  | \$             | 1,84                        | 8.45               | \$                     | N/A                           |                   |
| 3.                   | Estimate and list monthly overt  | ime pay.   |  | 3.                  | +\$            | (                           | 0.00               | +\$                    | N/A                           |                   |
| 4.                   | Calculate gross Income. Add lin  | ne 2 + line 3.                                       |  | 4.                  | \$             | 1,848.4                     | 15                 | \$                     | N/A                           |                   |

# Case 15-43025 Doc 1 Filed 12/22/15 Entered 12/22/15 15:14:18 Desc Main Document Page 28 of 51

| Debte | or 1                      | Traci Massey   | -            | Case r   | number ( <i>if known</i> )              | -          |                              |                    |
|-------|---------------------------|--|--------------|----------|---|------------|------------------------------|--------------------|
|       |                           |  |              | For      | Debtor 1                                |            | Debtor 2 or<br>filing spouse |                    |
|       | Cop                       | by line 4 here   | 4.           | \$       | 1,848.45                                |            | N/A                          |                    |
| 5.    | List                      | t all payroll deductions:  |              |          |   |            |                              |                    |
| 0.    | 5a.                       | Tax, Medicare, and Social Security deductions  | 5a.          | \$       | 278.42                                  | \$         | N/A                          | 1                  |
|       | 5b.                       | Mandatory contributions for retirement plans   | 5b.          |          | 0.00                                    | —          | N/A                          |                    |
|       | 5c.                       | Voluntary contributions for retirement plans   | 5c.          | \$       | 0.00                                    | - :        | N/A                          |                    |
|       | 5d.                       | Required repayments of retirement fund loans   | 5d.          | \$       | 0.00                                    | \$         | N/A                          | <u>\</u>           |
|       | 5e.                       | Insurance  | 5e.          | \$       | 0.00                                    | \$         | N/A                          | <u>\</u>           |
|       | 5f.                       | Domestic support obligations   | 5f.          | \$       | 0.00                                    | —          | N/A                          |                    |
|       | 5g.                       | Union dues   | 5g.          |          | 0.00                                    |            | N/A                          |                    |
|       | 5h.                       | Other deductions. Specify:   | _ 5h.        |          | 0.00                                    |            | N/A                          | _                  |
| 6.    |                           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.           | \$       | 278.42                                  |            | N/A                          |                    |
| 7.    | Cal                       | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.           | \$       | 1,570.03                                | _ \$       | N/A                          | <u>\</u>           |
| 8.    | List<br>8a.               | t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  |              |          |   |            |                              |                    |
|       |                           | monthly net income.  | 8a.          | \$       | 0.00                                    | \$         | N/A                          | 1                  |
|       | 8b.                       | Interest and dividends   | 8b.          | \$       | 0.00                                    | \$         | N/A                          | <u>\</u>           |
|       | 8c.<br>8d.                | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security   | 8c.<br>8d.   |          | 0.00                                    | \$         | N/A<br>N/A                   | <u>\</u>           |
|       | 8e.                       | •  | 8e.          | Φ        | 0.00                                    | _ <b>_</b> | N/A                          | <u>\</u>           |
|       | 8f.<br>8g.                | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income | _ 8f.<br>8g. | \$<br>\$ | 0.00                                    | \$         | N/A<br>N/A                   | <u>\</u>           |
|       | 8h.                       | Other monthly income. Specify: Family Contribution   | _ 8h.        | + \$     | 600.00                                  | _ + \$     | N/A                          | <u>\</u>           |
| 9.    | Add                       | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.           | \$       | 600.00                                  | \$         | N/                           | Ά.                 |
| 10.   | Cal                       | culate monthly income. Add line 7 + line 9.  | 10.          | 6 2      | 2,170.03 +                              | 3          | N/A = \$                     | 2,170.03           |
|       |                           | If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |              |          | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |            | - TOTA                       | 2,170.00           |
| 11.   | Sta<br>Incl<br>othe<br>Do | te all other regular contributions to the expenses that you list in <i>Schedule</i> ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not exify:                     | depe         | •        | •                                       | •          | Schedule J.<br>11. +\$       | 0.00               |
| 12.   |                           | d the amount in the last column of line 10 to the amount in line 11. The restet that amount on the Summary of Schedules and Statistical Summary of Certailies  |              |          |   |            | 12. \$                       | 2,170.03           |
|       |                           |  |              |          |   |            | Comb<br>month                | ined<br>ily income |
| 13.   | Do<br>■                   | you expect an increase or decrease within the year after you file this form No.  Yes. Explain:   | ?            |          |   |            |                              |                    |

Official Form 106I Schedule I: Your Income page 2

## Case 15-43025 Doc 1 Filed 12/22/15 Entered 12/22/15 15:14:18 Desc Main Document Page 29 of 51

| Fill  | in this information to identify your case:  |  |            |           |                  |                               |
|-------|---|--|------------|-----------|------------------|-------------------------------|
| Deb   | otor 1 Traci Massey   |  | Ch         | eck if th | is is:           |                               |
|       | Truor indoody   |  |            |           | nended filing    |                               |
| Deb   | otor 2  |  |            |           |                  | ving postpetition chapter     |
| (Spo  | ouse, if filing)  |  |            | 13 ex     | penses as of     | the following date:           |
| Unit  | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLING  | OIS  |            | MM /      | DD / YYYY        |                               |
| Cas   | se number   |  |            |           |                  |                               |
| (If k | nown)   |  |            |           |                  |                               |
| 0     | fficial Form 106J   |  |            |           |                  |                               |
| S     | chedule J: Your Expenses  |  |            |           |                  | 12/15                         |
|       | as complete and accurate as possible. If two married people ar  | re filing together be                      | oth are e  | aually r  | asnonsihla f     |                               |
| info  | ormation. If more space is needed, attach another sheet to this mber (if known). Answer every question.         |  |            |           |                  |                               |
| Par   | rt 1: Describe Your Household   |  |            |           |                  |                               |
| 1.    | Is this a joint case?   |  |            |           |                  |                               |
|       | ■ No. Go to line 2.   |  |            |           |                  |                               |
|       | ☐ Yes. Does Debtor 2 live in a separate household?  |  |            |           |                  |                               |
|       | □ No  |  |            |           |                  |                               |
|       | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses  | s for Separate House                       | ehold of D | ebtor 2.  |                  |                               |
| 2.    | Do you have dependents? ☐ No  |  |            |           |                  |                               |
| ۷.    | ,   |  |            | _         |                  |                               |
|       | Do not list Debtor 1 and Debtor 2.  | Dependent's relation<br>Debtor 1 or Debtor |            | ag        | ependent's<br>je | Does dependent live with you? |
|       |   |  |            |           |                  | □ No                          |
|       | Do not state the dependents names.  | Daughter                                   |            | 5         |                  | ■ Yes                         |
|       | асренаеть натез.  | Daagiitoi                                  |            |           |                  | ■ res                         |
|       |   | Daughter                                   |            | 10        | 0                | ■ Yes                         |
|       |   |  |            |           |                  | □ No                          |
|       |   |  |            |           |                  | ☐ Yes                         |
|       |   |  |            |           |                  | □ No                          |
|       |   |  |            |           |                  | ☐ Yes                         |
| 3.    | Do your expenses include expenses of people other than  |  |            |           |                  |                               |
|       | yourself and your dependents?   |  |            |           |                  |                               |
|       |   |  |            |           |                  |                               |
|       | tt 2: Estimate Your Ongoing Monthly Expenses<br>timate your expenses as of your bankruptcy filing date unless y | ou are using this fo                       | orm as a   | sunnlar   | ment in a Cha    | anter 13 case to report       |
| exp   | penses as of a date after the bankruptcy is filed. If this is a suppolicable date.                              |  |            |           |                  |                               |
| Inc   | lude expenses paid for with non-cash government assistance i  | f vou know                                 |            |           |                  |                               |
| the   | value of such assistance and have included it on Schedule I: )  |  |            |           | v                |                               |
| (Of   | ficial Form 106I.)  |  |            | _         | Your expe        | enses                         |
| 4     | The westel on bears assurant in assurance for your residence.   |  |            |           |                  |                               |
| 4.    | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.       | nclude first mortgage                      |            | \$        |                  | 750.00                        |
|       | If not included in line 4:  |  |            |           |                  |                               |
|       | 4a. Real estate taxes   |  | 4a.        | \$        |                  | 0.00                          |
|       | 4b. Property, homeowner's, or renter's insurance  |  | 4b.        | \$        |                  | 0.00                          |
|       | 4c. Home maintenance, repair, and upkeep expenses   |  | 4c.        |           |                  | 0.00                          |
| 5     | 4d. Homeowner's association or condominium dues  Additional mortgage payments for your residence, such as ho    | ma aquitu la ara                           | 4d.<br>5   | \$        |                  | 0.00                          |
| _     |   |  |            |           |                  |                               |

## Case 15-43025 Doc 1 Filed 12/22/15 Entered 12/22/15 15:14:18 Desc Main Document Page 30 of 51

| Debto | or 1 _   | Traci Ma        | ssey  |   | Case num    | ber (if known)     |                            |
|-------|----------|-----------------|---|---|-------------|--------------------|----------------------------|
| 6. l  | Jtilitie | 06.             |   |   |             |                    |                            |
| -     |          |                 | heat, natural gas   |   | 6a.         | \$                 | 180.00                     |
|       |          | -               | ver, garbage collection   |   | 6b.         | \$                 | 50.00                      |
|       |          |                 | , cell phone, Internet, satellite, and                                | t cable services                        | 6c.         | ·                  | 321.03                     |
|       |          |                 |   | Cable Services                          |             | ·                  |                            |
|       |          | Other. Spe      |   |   | 6d.         | ·                  | 0.00                       |
|       |          |                 | ekeeping supplies   |   | 7.          | ·                  | 150.00                     |
|       |          |                 | hildren's education costs   |   | 8.          | \$                 | 0.00                       |
| . (   | Clothi   | ing, laund      | ry, and dry cleaning  |   | 9.          | \$                 | 10.00                      |
| 0. I  | Perso    | onal care p     | roducts and services  |   | 10.         | \$                 | 10.00                      |
| 1. I  | Medic    | cal and de      | ntal expenses   |   | 11.         | \$                 | 0.00                       |
|       |          |                 | Include gas, maintenance, bus or                                      | train fare.                             | 12.         | \$                 | 60.00                      |
|       |          |                 | ar payments.  |   |             | ·                  |                            |
|       |          |                 | clubs, recreation, newspapers, n                                      | =                                       | 13.         |                    | 0.00                       |
|       |          |                 | ributions and religious donations                                     | S                                       | 14.         | \$                 | 0.00                       |
|       |          | ance.           |   |   |             |                    |                            |
|       |          |                 | surance deducted from your pay o                                      | r included in lines 4 or 20.            |             | •                  |                            |
|       |          | Life insura     |   |   | 15a.        | ·                  | 84.00                      |
| •     | 15b.     | Health ins      | urance  |   | 15b.        |                    | 0.00                       |
| •     | 15c.     | Vehicle ins     | surance   |   | 15c.        | \$                 | 120.00                     |
|       | 15d.     | Other insu      | rance. Specify:   |   | 15d.        | \$                 | 0.00                       |
|       |          |                 | clude taxes deducted from your pa                                     | ay or included in lines 4 or 20.        |             |                    |                            |
|       | Specif   |                 | , , , , , , , , , , , , , , , , ,                                     | ,                                       | 16.         | \$                 | 0.00                       |
|       |          |                 | ease payments:  |   |             |                    |                            |
| •     | 17a.     | Car payme       | ents for Vehicle 1  |   | 17a.        | \$                 | 0.00                       |
|       | 17b.     | Car payme       | ents for Vehicle 2  |   | 17b.        | \$                 | 0.00                       |
|       |          | Other. Spe      | oif.  |   | 17c.        | \$                 | 0.00                       |
|       |          | Other. Spe      | -   |   | 17d.        | ·                  | 0.00                       |
|       |          |                 | of alimony, maintenance, and su                                       | upport that you did not report as       |             | <u> </u>           |                            |
|       |          |                 | our pay on line 5, Schedule I, Yo                                     |   |             | \$                 | 0.00                       |
|       |          |                 | you make to support others wh   |   |             | \$                 | 0.00                       |
| ,     | Specif   | fy:             |   |   | 19.         |                    |                            |
| ). (  | Other    | real prope      | erty expenses not included in lin                                     | nes 4 or 5 of this form or on Sch       | nedule I: Y | our Income.        |                            |
|       |          |                 | on other property   |   | 20a.        |                    | 0.00                       |
|       |          | Real estat      |   |   | 20b.        |                    | 0.00                       |
|       |          |                 | nomeowner's, or renter's insurance                                    |   | 20c.        | ·                  | 0.00                       |
|       |          |                 | ce, repair, and upkeep expenses                                       | ,                                       | 20d.        |                    |                            |
|       |          |                 |   |   |             | ·                  | 0.00                       |
|       |          |                 | er's association or condominium du                                    | ues                                     | 20e.        | ·                  | 0.00                       |
| . (   | Other    | : Specify:      |   |   | 21.         | +\$                | 0.00                       |
| 2. (  | Calcu    | ılate vour r    | nonthly expenses  |   |             |                    |                            |
|       |          | -               | through 21.   |   |             | \$                 | 1,735.03                   |
|       |          |                 | 2 (monthly expenses for Debtor 2),                                    | if any from Official Form 106 L2        |             | \$                 | 1,733.03                   |
|       |          |                 | , , ,   | •                                       |             |                    |                            |
| 2     | 22c. A   | Add line 22a    | a and 22b. The result is your mont                                    | thly expenses.                          |             | \$                 | 1,735.03                   |
| 3. (  | Calcu    | ılate vour ı    | nonthly net income.   |   |             | L                  |                            |
|       |          |                 | 12 (your combined monthly income                                      | e) from Schedule I.                     | 23a.        | \$                 | 2,170.03                   |
|       |          |                 | monthly expenses from line 22c at                                     |   | 23b.        | ·                  | 1,735.03                   |
| 4     | _00.     | Jopy your       | monthly expenses from line 220 di                                     | 5040.                                   | 200.        | Ψ                  | 1,735.03                   |
| :     | 23c.     | Subtract v      | our monthly expenses from your m                                      | nonthly income.                         |             |                    |                            |
| •     |          |                 | is your <i>monthly net income</i> .                                   |   | 23c.        | \$                 | 435.00                     |
|       | Оо уо    | ou expect a     | in increase or decrease in your e                                     |   |             |                    |                            |
| 1     | nodific  | cation to the t | u expect to finish paying for your car loar<br>erms of your mortgage? | n within the year or do you expect your | mortgage pa | syment to increase | e or decrease because of a |
| I     | No       | ).              |   |   |             |                    |                            |
|       | □Ye      | s.              | Explain here:   |   |             |                    |                            |
|       | □Ye      |                 | Explain here:   |   |             |                    |                            |

## Case 15-43025 Doc 1 Filed 12/22/15 Entered 12/22/15 15:14:18 Desc Main Document Page 31 of 51

| Fill in this inform  | nation to identify your                       | case:                    |                      |  |  |  |
|--|---|--------------------------|----------------------|--|--|--|
| Debtor 1   | Traci Massey                                  |                          |                      |  |  |  |
| Dahtan 0   | First Name                                    | Middle Name              | Last Name            |  |  |  |
| Debtor 2<br>(Spouse if, filing)                            | First Name                                    | Middle Name              | Last Name            |  |  |  |
| United States Bar  | nkruptcy Court for the:                       | NORTHERN DISTRICT        | OF ILLINOIS          |  |  |  |
| Case number (if known)  Check if this is an amended filing |   |                          |                      |  |  |  |
| Official Form  | n 106Dec                                      |                          |                      |  |  |  |
| Declarati  | ion About a                                   | n Individual             | Debtor's             | Schedules  | 12/15  |  |
| obtaining money<br>years, or both. 18                      |   | n connection with a bank |                      |  | atement, concealing property, or 000, or imprisonment for up to 20 |  |
| Did you pay  | or agree to pay some                          | one who is NOT an attor  | ney to help you fill | out bankruptcy forms?  |  |  |
| ■ No   |   |                          |                      |  |  |  |
| ☐ Yes. N   | ame of person                                 |                          |                      | . Attach <i>Bankruptcy Peti</i><br>and Signature (Official F | ition Preparer's Notice, Declaration,<br>Form 119).                |  |
|  | ty of perjury, I declare<br>true and correct. | that I have read the sum | mary and schedule    | es filed with this declarat                                  | tion and   |  |
| X /s/ Trac   | i Massev                                      |                          | x                    |  |  |  |

Signature of Debtor 2

Date

Traci Massey

Signature of Debtor 1

Date **December 22, 2015** 

## Case 15-43025 Doc 1 Filed 12/22/15 Entered 12/22/15 15:14:18 Desc Main Document Page 32 of 51

| -                | l in this inform  | ation to identify you           | r caso:  |   |  |   |
|------------------|---|---------------------------------|--|---|--|---|
| _                |   |                                 | l case.  |   |  |   |
| De               | btor 1  | Traci Massey First Name         | Middle Name  | Last Name   |  |   |
|                  | ebtor 2<br>ouse if, filing)   | First Name                      | Middle Name  | Last Name   |  |   |
| Un               | ited States Ban   | kruptcy Court for the:          | NORTHERN DISTRICT C  | OF ILLINOIS   |  |   |
| Ca               | se number   |                                 |  |   |  |   |
|                  | nown)   |                                 |  |   |  | Check if this is an amended filing                    |
| St<br>Be         | as complete a   | of Financial A                  | Affairs for Individual ible. If two married people a attach a separate sheet to                            | are filing together, both are                         | equally responsible for su                 |   |
|                  |   | ). Answer every ques            |  | and form. On the top of an                            | y additional pages, write y                | our name and case                                     |
| Pa               | rt 1: Give D  | etails About Your Ma            | urital Status and Where You  | Lived Before  |  |   |
| 1.               | What is your  | current marital statu           | is?  |   |  |   |
|                  | <ul><li>☐ Married</li><li>■ Not marr</li></ul>                          | ied                             |  |   |  |   |
| 2.               | During the la   | st 3 years, have you            | lived anywhere other than  | where you live now?                                   |  |   |
|                  | ■ No □ Yes. List  | all of the places you l         | ived in the last 3 years. Do no  | ot include where you live nov                         | v.   |   |
|                  | Debtor 1 Pri  | or Address:                     | Dates Debtor 1 lived there   | Debtor 2 Prior Ad                                     | dress:                                     | Dates Debtor 2<br>lived there                         |
| <b>3.</b><br>sta |   |                                 | ver live with a spouse or leg<br>lifornia, Idaho, Louisiana, Ne  |   |  |   |
|                  | ■ No<br>□ Yes. Mal  | ke sure you fill out <i>Scl</i> | hedule H: Your Codebtors (O  | fficial Form 106H).                                   |  |   |
| Pa               | rt 2 Explain  | the Sources of You              | r Income   |   |  |   |
| 4.               | Fill in the total   | amount of income yo             | nployment or from operating used income that you received from all jobs and a have income that you receive | all businesses, including part                        | -time activities.                          | endar years?  |
|                  | □ No ■ Yes. Fill  | in the details.                 |  |   |  |   |
|                  |   |                                 | Debtor 1   |   | Debtor 2                                   |   |
|                  |   |                                 | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
|                  | From January 1 of current year until the date you filed for bankruptcy: |                                 | ■ Wages, commissions, bonuses, tips  | \$21,580.51   | ☐ Wages, commissions, bonuses, tips        |   |
|                  |   |                                 | ☐ Operating a business   |   | ☐ Operating a business                     |   |

Official Form 107

Case 15-43025 Doc 1 Filed 12/22/15 Entered 12/22/15 15:14:18 Desc Main Document Page 33 of 51 Case number (if known) Debtor 1 Traci Massey Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income Gross income Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$32,640.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2014) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$31,000.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2013) bonuses, tips bonuses, tips Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** (before deductions and Describe below. (before deductions Describe below... exclusions) and exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more? □ No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do case. cases filed on or after the date of adjustment.

| not includ            | de payments to an attorney for this bankru  | uptcy  |
|-----------------------|---|--------|
| * Subject to adjustme | ent on 4/01/16 and every 3 years after that | at for |

Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No.

□ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address **Dates of payment Total amount** Amount you Was this payment for ... still owe paid

Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? *Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner;

corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child

support and alimony.

| INO                                  |
|--------------------------------------|
| Yes. List all payments to an insider |

**Insider's Name and Address** Dates of payment Total amount Amount you Reason for this payment paid still owe

Case 15-43025 Doc 1 Filed 12/22/15 Entered 12/22/15 15:14:18 Desc Main Document Page 34 of 51 Case number (if known)

| 8.  | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos   |   | ments or transfer a  | any property on a    | account of a d          | ebt that benefited an        |  |
|-----|--|---|----------------------|----------------------|-------------------------|------------------------------|--|
|     |  |   |                      |                      |                         |                              |  |
|     | No   |   |                      |                      |                         |                              |  |
|     | ☐ Yes. List all payments to an insider   |   |                      |                      |                         |                              |  |
|     | Insider's Name and Address   | Dates of payment  | Total amount paid    | Amount you still owe | Reason for Include cred | this payment<br>litor's name |  |
| Pa  | rt 4: Identify Legal Actions, Repossession   | ns, and Foreclosures  |                      |                      |                         |                              |  |
| 9.  | Within 1 year before you filed for bankrupt<br>List all such matters, including personal injury<br>modifications, and contract disputes. |   |                      |                      |                         |                              |  |
|     | ■ No   |   |                      |                      |                         |                              |  |
|     | Yes. Fill in the details.  | N   | •                    |                      | 0                       |                              |  |
|     | Case title Case number   | Nature of the case  | Court or agency      |                      | Status of th            | ne case                      |  |
| 10. | Within 1 year before you filed for bankrupt<br>Check all that apply and fill in the details below  |   | erty repossessed, f  | oreclosed, garni     | shed, attache           | d, seized, or levied?        |  |
|     | □ No ■ Yes. Fill in the information below.   |   |                      |                      |                         |                              |  |
|     | Creditor Name and Address  | Describe the Property   |                      |                      |                         | Value of the property        |  |
|     | Explain what hap   |   | ed                   |                      | ·                       |                              |  |
|     | Go Financial<br>Po Box 53087<br>Phoenix, AZ 85072  | 2003 Lexus ES 132000 miles<br>Sedan 4D ES300  |                      | 12/5                 | /2015                   | \$7,725.00                   |  |
|     |  | ■ Property was reposse  | essed.               |                      |                         |                              |  |
|     |  | <ul> <li>□ Property was foreclosed.</li> <li>□ Property was garnished.</li> <li>□ Property was attached, seized or levied.</li> </ul> |                      |                      |                         |                              |  |
|     |  |   |                      |                      |                         |                              |  |
|     |  |   |                      |                      |                         |                              |  |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec  ■ No □ Yes. Fill in the details.                   |   | luding a bank or fi  | nancial institutio   | n, set off any          | amounts from your            |  |
|     | Creditor Name and Address  | Describe the action the creditor took   |                      | Date                 | action was              | Amount                       |  |
|     | Cround Mains and Address   |   | ordanor took         | takei                |                         | , and and                    |  |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  |   | erty in the possess  | ion of an assigne    | ee for the ben          | efit of creditors, a         |  |
|     | ■ No □ Yes   |   |                      |                      |                         |                              |  |
|     |  |   |                      |                      |                         |                              |  |
| Pai | t 5: List Certain Gifts and Contributions  |   |                      |                      |                         |                              |  |
| 13. | Within 2 years before you filed for bankrup  ■ No  | tcy, did you give any gift  | s with a total value | of more than \$6     | 00 per person           | ?                            |  |
|     | ☐ Yes. Fill in the details for each gift.  |   |                      |                      |                         |                              |  |
|     | Gifts with a total value of more than \$600 per person   | total value of more than \$600 Describe the gifts   |                      |                      | s you gave<br>jifts     | Value                        |  |
|     | Person to Whom You Gave the Gift and Address:  |   |                      |                      |                         |                              |  |

Case 15-43025 Doc 1 Filed 12/22/15 Entered 12/22/15 15:14:18 Desc Main Document Page 35 of 51 Debtor 1 Traci Massey Case number (if known) 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You **Attorney Fees** 12/18/2015 \$350.00 Chad M. Hayward 205 W. Randolph Ste. 1310 Chicago, IL 60606 Chicago, IL 60606 ch@haywardlawoffices.com, jo@haywardlawoffices.com 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment made

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a

Case 15-43025 Doc 1 Filed 12/22/15 Entered 12/22/15 15:14:18 Desc Main Document Page 36 of 51

Case number (if known)

Debtor 1 Traci Massey

|     | beneficiary? (These are often called asset-prote  ■ No  □ Yes. Fill in the details.  | ection devices.)  |                             |   |   |
|-----|--|---|-----------------------------|---|---|
|     | Name of trust  | Description and va  | alue of the pro             | perty transferred   | Date Transfer was made                        |
| Par | t 8: List of Certain Financial Accounts, Instr   | ruments, Safe Deposit   | Boxes, and St               | orage Units   |   |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, association No  Yes. Fill in the details. | other financial accour  | nts; certificates           | of deposit; shares in banks, cre                            |   |
|     |  | ast 4 digits of account number  | Type of accou<br>instrument | nnt or Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables?  No Yes. Fill in the details.   | ar before you filed for   | bankruptcy, ar              | ny safe deposit box or other depo                           | ository for securities,                       |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)   | Who else had acconddress (Number, State and ZIP Code)                     |                             | Describe the contents                                       | Do you still have it?                         |
| 22. | Have you stored property in a storage unit or  | place other than your   | home within 1               | year before you filed for bankrup                           | otcy  |
|     | ■ No □ Yes. Fill in the details.   |   |                             |   |   |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)   | Who else has or h<br>to it?<br>Address (Number, St<br>State and ZIP Code) |                             | Describe the contents                                       | Do you still have it?                         |
| Par | t 9: Identify Property You Hold or Control fo  | or Someone Else   |                             |   |   |
| 23. | Do you hold or control any property that some for someone.  No Yes. Fill in the details.   | eone else owns? Inclu   | ide any properi             | ty you borrowed from, are storing                           | g for, or hold in trust                       |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the prop<br>(Number, Street, City, St<br>Code)                   |                             | Describe the property                                       | Value   |

#### Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Case 15-43025 Doc 1 Filed 12/22/15 Entered 12/22/15 15:14:18 Desc Main Page 37 of 51 Case number (if known) Document

Debtor 1 Traci Massey

| 24. | 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?   |  |                          |   | ntal law?          |  |
|-----|--|--|--------------------------|---|--------------------|--|
|     | ■ No □ Yes. Fill in the details.   |  |                          |   |                    |  |
|     | Name of site Address (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State and   | Environmental la         | w, if you   | Date of notice     |  |
| 25. | ZIP Code)  Have you notified any governmental unit of any release of hazardous material?   |  |                          |   |                    |  |
|     | <ul><li>No</li><li>Yes. Fill in the details.</li></ul>   |  |                          |   |                    |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)   | Environmental la know it | w, if you   | Date of notice     |  |
| 26. | Have you been a party in any judicial or adm   | inistrative proceeding under any envi  | ronmental law? Includ    | de settlements an   | nd orders.         |  |
|     | ■ No □ Yes. Fill in the details.   |  |                          |   |                    |  |
|     | Case Title Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)  | Nature of the case       |   | Status of the case |  |
| Par | 11: Give Details About Your Business or C  | Connections to Any Business  |                          |   |                    |  |
| 27. | Within 4 years before you filed for bankrupto  | Vithin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? |                          |   |                    |  |
|     | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  |  |                          |   |                    |  |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)   |  |                          |   |                    |  |
|     | ☐ A partner in a partnership   |  |                          |   |                    |  |
|     | ☐ An officer, director, or managing executive of a corporation   |  |                          |   |                    |  |
|     | ☐ An owner of at least 5% of the voting or equity securities of a corporation  |  |                          |   |                    |  |
|     | ■ No. None of the above applies. Go to Part 12.  |  |                          |   |                    |  |
|     | Yes. Check all that apply above and fill in the details below for each business.   |  |                          |   |                    |  |
|     | Business Name<br>Address   | Describe the nature of the business  |                          | Employer Identification number Do not include Social Security number or |                    |  |
|     | (Number, Street, City, State and ZIP Code)   | Name of accountant or bookkeeper   | Dates business existed   |   | illiber of friin.  |  |
| 28. | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. |  |                          |   |                    |  |
|     | ■ No   |  |                          |   |                    |  |
|     | Yes. Fill in the details below.  |  |                          |   |                    |  |
|     | Name Address (Number, Street, City, State and ZIP Code)  | Date Issued  |                          |   |                    |  |
|     |  |  |                          |   |                    |  |

Case 15-43025 Doc 1 Filed 12/22/15 Entered 12/22/15 15:14:18 Desc Main Document Page 38 of 51

Debtor 1 Traci Massey Case number (if known) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Traci Massey Traci Massey Signature of Debtor 2 Signature of Debtor 1 Date December 22, 2015 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

■ No

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

#### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

#### (Court-Approved Retention Agreement, Revised as of 4/20/2015)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.

- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney

and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.

- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

## C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00
- 3. Before signing this agreement, the attorney has received , \$ 350.00

toward the flat fee, leaving a balance due of \$3,650.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$369.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: <b>December 22, 2015</b>              |                                       |
|---|---------------------------------------|
| Signed:                                     |                                       |
| /s/ Traci Massey                            | /s/ Chad M. Hayward                   |
| Traci Massey                                | Chad M. Hayward 6280182               |
|   | Attorney for the Debtor(s)            |
| Debtor(s)                                   |                                       |
| Do not sign this agreement if the amounts a | are blank.  Local Bankruptcy Form 23c |

Case 15-43025 Doc 1 Filed 12/22/15 Entered 12/22/15 15:14:18 Desc Main Document Page 48 of 51

B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court Northern District of Illinois**

| In re | Traci Massey   |   | Case No.   |                         |              |
|-------|--|---|--|-------------------------|--------------|
|       |  | Debtor(s)   | Chapter  | 13                      |              |
|       | DISCLOSURE OF COMPEN   | SATION OF ATTO  | RNEY FOR DI  | EBTOR(S)                |              |
|       | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(toppensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of  | of the petition in bankruptcy   | , or agreed to be paid   | to me, for services rer |              |
|       | For legal services, I have agreed to accept  |   | s  | 4,000.00                |              |
|       | Prior to the filing of this statement I have received  |   |  | 350.00                  |              |
|       | Balance Due  |   | \$   | 3,650.00                |              |
| 2.    | The source of the compensation paid to me was:   |   |  |                         |              |
|       | ■ Debtor □ Other (specify):  |   |  |                         |              |
| 3.    | The source of compensation to be paid to me is:  |   |  |                         |              |
|       | ■ Debtor □ Other (specify):  |   |  |                         |              |
| 4.    | ■ I have not agreed to share the above-disclosed compet  | nsation with any other person   | unless they are mem  | bers and associates of  | my law firm. |
|       | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name  | ion with a person or persons ves of the people sharing in the   | who are not members<br>e compensation is atta                      | or associates of my la  | w firm. A    |
| 5.    | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  |   |  |                         |              |
|       | a. Analysis of the debtor's financial situation, and rendering b. Preparation and filing of any petition, schedules, stater c. Representation of the debtor at the meeting of creditors d. Representation of the debtor in adversary proceedings e. [Other provisions as needed] | ment of affairs and plan which<br>s and confirmation hearing, a   | n may be required;<br>nd any adjourned hea                         | -                       | uptcy;       |
| 6.    | By agreement with the debtor(s), the above-disclosed fee of  | does not include the following  | g service:   |                         |              |
|       |  | CERTIFICATION   |  |                         |              |
|       | I certify that the foregoing is a complete statement of any analyst ankruptcy proceeding.  |   | payment to me for r  | epresentation of the de | btor(s) in   |
| _     | ecember 22, 2015   | /s/ Chad M. Hayw  |  |                         |              |
| _     | ate  | Chad M. Hayward Signature of Attorno Chad M. Hayward 205 W. Randolph Ste. 1310 Chicago, IL 6060 312-867-3640 Fach@haywardlawd jo@haywardlawd Name of law firm | d 6280182<br>cy<br>d<br>6<br>6<br>ax: 312-867-3647<br>offices.com, |                         |              |

## **United States Bankruptcy Court Northern District of Illinois**

|       |   | Not therm District of Initiols           |                                |               |
|-------|---|--|--------------------------------|---------------|
| In re | Traci Massey                              |  | Case No.                       |               |
|       |   | Debtor(s)                                | Chapter 13                     |               |
|       | VI  | ERIFICATION OF CREDITOR N                | MATRIX                         |               |
|       |   | Number o                                 | f Creditors:                   | 16            |
|       | The above-named Debtor(s (our) knowledge. | ) hereby verifies that the list of credi | itors is true and correct to t | he best of my |
| Date: | December 22, 2015                         | /s/ Traci Massey                         |                                |               |

Afni, Inc. Po Box 3097 Bloomington, IL 61702

Allianceone Po Box 2449 Gig Harbor, WA 98335

Caine & Weiner 21210 Erwin Street Woodland Hills, CA 91367

Cci Contract Callers I Augusta, GA 30901

City of Chicago Department of Revenue PO Box 88292 Chicago, IL 60680-1292

Convergent Outsourcing 800 Sw 39th St Renton, WA 98057

Credit Management Lp 4200 International Pkwy Carrollton, TX 75007

Illinois Department of Revenue PO Box 64338 Chicago, IL 60664

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101

Municollofam 3348 Ridge Road Lansing, IL 60438

Peoples Engy 200 East Randolph Chicago, IL 60601 Security Fin C/o Security Finan Spartanburg, SC 29304

Stellar Recovery Inc 1327 Hwy 2 W Kalispell, MT 59901

Tower Loan Pob 320001 Flowood, MS 39232

Vision Financial Servi 1900 W Severs Rd La Porte, IN 46350

World Discount Auto 800 S. Western Chicago, IL 60612